

PUNCHED  
VERIFIEDARIZONA STATE DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

STATE FILE NO.

3000

## CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

2736

E OF DEATH AND L RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Yavapai</u>		B. LENGTH OF STAY IN THIS TOWN <u>2 Yrs</u> IN ARIZONA <u>72 Yrs.</u>		2. USUAL RESIDENCE A. STATE <u>Arizona</u>		WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) B. COUNTY <u>Maricopa</u>							
	C. CITY OR TOWN		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Phoenix</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS							
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pioneer Home</u> (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <u>10224 N. 18th Ave.</u>		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
PRECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) <u>Mary</u>		A. (FIRST) <u>Alice</u>		B. (MIDDLE) <u>Anderson</u>		C. (LAST) <u>Fe</u>		4. SEX <u>White</u>		5. COLOR OR RACE <u>White</u>		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Widowed</u>	
	6B. NAME OF SPOUSE <u>David E. Anderson</u>		7. DATE OF BIRTH MONTH <u>Nov</u> DAY <u>15</u> YEAR <u>1884</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>77</u>		IF UNDER 1 YEAR MONTHS <u></u> DAYS <u></u>		IF UNDER 24 HRS. HOURS <u></u> MIN. <u></u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Housewife</u>			
	9B. KIND OF BUSINESS OR INDUSTRY <u>- - -</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Missouri</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>		13. SOCIAL SECURITY NO. <u>Unknown</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Unknown</u>			
	14A. FATHER'S NAME <u>John Hagan</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Unknown</u>		15A. MOTHER'S MAIDEN NAME <u>Jamina</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Unknown</u>							
	16. INFORMANT'S SIGNATURE <u>Pre-Arrangement records</u>				ADDRESS <u></u>				17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>February 19 1962</u>					
CAUSE OF DEATH (TEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).  THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Coronary thrombosis</u> DUE TO (B) <u>arteriosclerotic heart disease</u> DUE TO (C) <u></u> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.										INTERVAL BETWEEN ONSET AND DEATH <u>several years</u>	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION										20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>May 7, 1961</u> TO <u>Feb 19, 1962</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>Feb 14, 1962</u> AND THAT DEATH OCCURRED AT <u>3:00 P</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.													
DEATH DUE TO EXTERNAL VIOLENCE	22A. SIGNATURE <u>W. E. Shepard</u> (DEGREE OR TITLE) <u>M.D.</u>		22B. ADDRESS <u>Prescott, Arizona</u>		22C. DATE SIGNED <u>2-20-62</u>									
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)									
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>M</u>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR?									
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED									
	25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL		25B. DATE <u>2-20-62</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Removal</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Phoenix, Arizona</u>							
FUNERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. <u>2/20/62</u>		26B. REGISTRAR'S SIGNATURE <u>Glenn L. Lewis Deputy</u>		26C. FUNERAL DIRECTOR'S SIGNATURE <u>Edwin S. Adkins</u>		26D. EMBALMER'S SIGNATURE <u>Edwin S. Adkins</u>		27B. ADDRESS <u>Prescott, Arizona</u>		27C. EMBALMER'S CERT. NO. <u>361-A</u>			